

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008481

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: DIPLOMAT MIDDLE SCHOOL P.T.S.O. INC.

**Current Principal Place of Business:**

1039 NE 16TH TERRACE  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

1039 NE 16TH TERRACE  
CAPE CORAL, FL 33909

**New Mailing Address:**

FEI Number: 65-1071412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VOGELBACH, MELODY  
8415 AQUA COVE LN  
NFMY, FL 33903 US

**Name and Address of New Registered Agent:**

VOGELBACH, MELODY  
8415 AQUA COVE LN  
NORTH FT. MYERS, FL 33903 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

02/06/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VOGELBACH, MELODY  
Address: 8415 AQUA COVE LN  
City-St-Zip: NFMY, FL 33903

Title: VP ( ) Delete  
Name: SULLIVAN, ROBIN  
Address: 1911 SE 5TH TERR  
City-St-Zip: CAPE CORAL, FL 33990

Title: SD ( ) Delete  
Name: OWEN, ELLEN  
Address: 925 SE 20TH PL.  
City-St-Zip: CAPE CORAL, FL 33990

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HAMPTON, MICHELE  
Address: 218 SE 1ST AVE.  
City-St-Zip: CAPE CORAL, FL 33990

Title: SD (X) Change ( ) Addition  
Name: PHELAN, PATRICIA  
Address: 1431 SW 4TH CT.  
City-St-Zip: CAPE CORAL, FL 33991

Title: TR ( ) Change (X) Addition  
Name: JACKSON, LORI  
Address: 3906 HIDDEN ACRES CR.  
City-St-Zip: NORTH FT. MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELODY VOGELBACH

PD

02/06/2008

Electronic Signature of Signing Officer or Director

Date